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ABSTRACT

This updated comprehensive plan for the New York State Office of Vocational Rehabilitation (OVR) for 1987-91 establishes priorities for the agency that will continue to enhance the vocational opportunities of people with disabilities in the state. The comprehensive plan describes the rehabilitation system, provides program data, and discusses issues that will affect vocational rehabilitation during the next four years. The plan reflects a number of integral themes in the OVR's vocational rehabilitation philosophy, including (1) the focus on employment as a desired outcome; (2) the key role of the vocational rehabilitation counselor; (3) the individualized nature of vocational rehabilitation; (4) client-centered outcomes; (5) the need for interagency cooperation; (6) changing needs of different groups; (7) public input into the planning process; and (8) the role of OVR as an advocate for persons with disabilities. Key plan action items are based on the 1986 Amendments to the Rehabilitation Act and comments from regional forums. For each action, the plan lists a number of methods to accomplish the goal and how the expected outcomes related to each key action will be achieved. The plan also provides an overview of the vocational rehabilitation process from referral to job placement and describes the place of the New York State OVR within the State Education Department. (KC)

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# COMPREHENSIVE PLAN FOR THE OFFICE OF VOCATIONAL REHABILITATION

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MARTIN C. BARELL
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645 FIFTH AVENUE
NEW YORK, NEW YORK 10022

January 1988

The New York State Board of Regents is the oldest and most comprehensive educational governing board in the country. Yet, we continue to rise to meet the challenges and changing needs of the millions of New Yorkers who participate in the wide variety of programs available through the State Education Department.

We, The Regents, are dedicated to equal educational opportunities for all persons. These opportunities include the comprehensive vocational rehabilitation services that result in productive employment and a life of independence for disabled persons. The Comprehensive Plan for the Office of Vocational Rehabilitation for 1987-1991 represents our service program to promote full opportunity for persons with disabilities.

This Comprehensive Plan follows the precedent established by the original 1984-1987 Plan in which goals and objectives reflect the input of many concerned citizens. It also represents the dedication of the Regents Committee on Vocational Rehabilitation chaired by Dr. Shirley Brown, as assisted by Regents Norma Gluck (who assumed the chair of this committee effective December 1987), Laura Chodos, Floyd Linton, and James McCabe, Sr.

As we rapidly advance towards the new century, we are confident that the combined efforts of educators, rehabilitation personnel, and employers will enable our New Yorkers with disabilities to reach their fullest potential.

We encourage you to work with us towards the elimination of those barriers which deny equal opportunity for persons with disabilities. This Plan will guide that effort with your help.

Martin C. Barell
Chancellor

NEW YORK
THE STATE OF LEARNING

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION
THE NEW YORK STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

January 1988

The Comprehensive Plan for the Office of Vocational Rehabilitation for 1987 through 1991, an updating of the original four year plan first adopted in 1984, was approved by the New York State Board of Regents in November 1987.

Between now and the year 2000, the American economy and work force will undergo rapid change. To keep pace with this change, the Comprehensive Plan for the Office of Vocational Rehabilitation specifies goals and timeframes required to strengthen existing activities such as linkages with schools, needs assessment, fiscal and program accountability, and independent living. The Plan also identifies new activities that will expand rehabilitation engineering and develop supported employment. By strengthening old activities and pioneering new ones, the Office of Vocational Rehabilitation, working with New York's disabled and non-disabled citizens, will be better able to provide opportunities for persons with disabilities during these changing times.

Please take some time to read the sections of the Plan that describe the history of the rehabilitation program, how the Office of Vocational Rehabilitation delivers services, important issues for the future, and the goals, methods and activities of the Office for 1987 through 1991. Your interest and involvement will help us meet the challenges of the next four years and the decade of the 1990's.

Sincerely,

Thomas Sobol

Thomas Sobol

NEW YORK
THE STATE OF LEARNING

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

DEPUTY COMMISSIONER FOR VOCATIONAL REHABILITATION

January 1988

I am pleased to provide you with the Comprehensive Plan for the Office of Vocational Rehabilitation. This Plan establishes priorities for the agency that will continue to enhance the vocational opportunities of people with disabilities in New York State. It was developed with information received from consumers and the public during the 1987 Spring Regional Planning Forums. This Plan builds on the framework of the 1984-1987 Comprehensive Plan, the OVR State Plan, and the 1986 Amendments to the Rehabilitation Act.

This updated Comprehensive Plan emphasizes the need not only for reviewing and improving existing services, but also to keep pace with technological and programmatic advances as we move into the 1990's. New initiatives of supported employment and rehabilitation engineering are highlighted, along with a commitment to continue to improve transition from school to work. An assessment of the needs of persons with severe disabilities is an integral component of the Plan.

The Office of Vocational Rehabilitation is strongly committed to the goals and outcomes we expect will meet the needs of people with disabilities in New York. Your support and assistance will help us face the challenges of the next decade.

Sincerely,

Richard M. Switzer

# COMPREHENSIVE PLAN FOR THE OFFICE OF VOCATIONAL REHABILITATION

*1987 through 1991*

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Vocational Rehabilitation
Albany, New York 12234

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# EXECUTIVE OVERVIEW

The 1987 – 1991 Comprehensive Plan describes the rehabilitation system, provides program data and discusses issues that will affect vocational rehabilitation during the next four years.

The Plan reflects a number of integral themes in the OVR's vocational rehabilitation philosophy including:

- the focus on employment as a desired outcome,
- the key role of the vocational rehabilitation counselor,
- the individualized nature of vocational rehabilitation,
- client centered outcomes,
- the need for interagency cooperation,
- changing needs of different groups,
- public input into the planning process, and
- the role of OVR as an advocate for persons with disabilities.

Key Plan action items are based on the 1986 Amendments to the Rehabilitation Act and comments received during Spring 1987 Regional Forums. For each action, the Plan lists a number of methods to accomplish the goal and the expected outcome of the actions. The Plan specifies target dates by which outcomes related to each key action will be achieved. OVR goals for 1987 through 1991 are:

A. Assessing Needs of Persons With Disabilities,
B. Continuing and Improving Services,
C. Serving Persons With Chronic Mental Illness,
D. Expanding Independent Living Services,
E. Serving School-Aged Youth,
F. Developing Rehabilitation Engineering and Technology,
G. Developing Supported Employment Initiatives, and
H. Enhancing Counselor/Client Relationships.

The mission of the vocational rehabilitation program is to help each client, working with a rehabilitation counselor, become placed in a job that matches individual capabilities and needs.

This Plan provides an overview of the vocational rehabilitation process, from referral to job placement, and the central role of the rehabilitation counselor.

This Plan also describes the organization of the New York State Office of Vocational Rehabilitation within the State Education Department. OVR includes the Sheltered Employment Program, which serves persons with disabilities who may not yet be able to compete in the workplace, and the Independent Living Program, which helps persons with disabilities access services needed to become more independent. OVR is closely linked with the school system, and cooperates with other State and voluntary agencies to serve mutual clients. The OVR counselor is the key to helping a client obtain services from rehabilitation facilities, schools, colleges and other vendors.

OVR has many responsibilities, as the original purpose of serving disabled World War I veterans has expanded to meet broader social goals. These have included serving the poor and mentally ill during the 1960s, deinstitutionalized persons in the 1970s and school aged disabled youth in the 1980s.

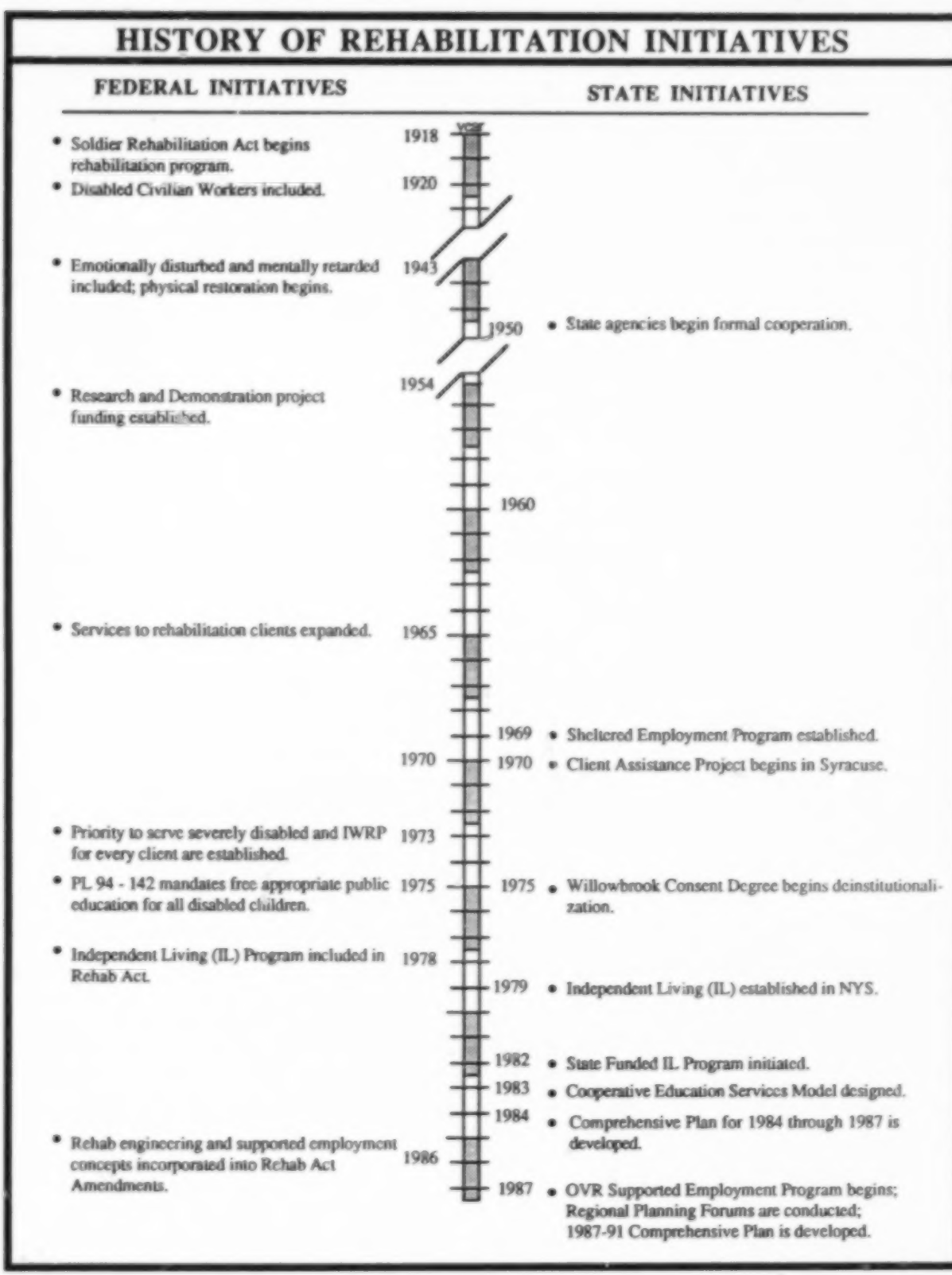
Program data in the Plan shows this expansion. Annually, OVR serves about 73,000 persons with about 24,000 eligible persons receiving training, restoration, counseling and support services at any one time. The rehabilitation rate (which is the percentage of rehabilitations divided by the total number of all eligible clients whose cases have been closed) has improved from 43.7% in 1980 to 61% in 1987. The increase in weekly earning for rehabilitated clients at closure as compared to earnings at referral was 52 million dollars in 1980 and is now 65 million dollars when annualized. The decrease in public assistance payments to competitively placed clients, which was 2.5 million dollars in 1980, is 3.6 million dollars today.

Just as the American economy is responding to global competition and a changing workforce, the vocational rehabilitation program must respond to the changing needs of disabled persons. Important issues for the 1990s include how to be flexible, cost effective, and provide enough counseling staff with limited funds, how to maximize the impact of funds through interagency cooperation, how to serve populations that need extended services and how to use new technology.

OVR is also committed to far-reaching changes in the way services are delivered. Long-term goals are to expand comprehensive services, to train clients for the future, to lead coordination and to stimulate employment of persons with disabilities.

Both short-and long-term OVR goals are meant to increase options for persons with disabilities to lead productive lives in the American mainstream. More cooperation with both public and private agencies, adequate numbers of counselors and training and support for counselors will be especially important in an era of limited funds.

# HISTORY OF REHABILITATION INITIATIVES


FEDERAL INITIATIVES
STATE INITIATIVES
Year
1918
• Soldier Rehabilitation Act begins rehabilitation program.
1920
• Disabled Civilian Workers included.
1943
• Emotionally disturbed and mentally retarded included; physical restoration begins.
1950
• State agencies begin formal cooperation.
1954
• Research and Demonstration project funding established.
1960
1965
• Services to rehabilitation clients expanded.
1969
• Sheltered Employment Program established.
1970
1970
• Client Assistance Project begins in Syracuse.
1973
• Priority to serve severely disabled and IWRP for every client are established.
1975
• PL 94 - 142 mandates free appropriate public education for all disabled children.
1975
• Willowbrook Consent Degree begins deinstitutionalization.
1978
• Independent Living (IL) Program included in Rehab Act.
1979
• Independent Living (IL) established in NYS.
1982
• State Funded IL Program initiated.
1983
• Cooperative Education Services Model designed.
1984
• Comprehensive Plan for 1984 through 1987 is developed.
1986
• Rehab engineering and supported employment concepts incorporated into Rehab Act Amendments.
1987
• OVR Supported Employment Program begins; Regional Planning Forums are conducted; 1987-91 Comprehensive Plan is developed.

# I. INTRODUCTION

## A. Purpose of the Comprehensive Plan

This Comprehensive Plan challenges the Office of Vocational Rehabilitation (OVR) to take creative actions to promote full opportunities for all disabled persons in both the workplace and the community. The Plan builds upon the historic growth witnessed throughout the seventy-year old rehabilitation program, which has dynamically shifted emphasis over time to include persons who were injured at war, industrially disabled, economically disadvantaged, released from institutions, school-aged and most severely disabled. The plans presented in this document illustrate the direction that the Office of Vocational Rehabilitation will take to respond to continuing changes in the disabled population, the business world, advancing technology, service initiatives, and the education system.

These plans are in large part the result of guidance and direction provided by both consumers and providers in the rehabilitation community. Under this Comprehensive Plan, the Office of Vocational Rehabilitation will continue as a leader in restoring not only the work capacities of individuals, but also society's acceptance of the significant contributions that disabled community members can make. OVR extends to all those who participated in the comprehensive planning process and to all citizens of New York State its most sincere commitment to meet the challenges set forth in this Comprehensive Plan.

## B. Comprehensive Planning Process

OVR developed its first Comprehensive Plan in 1984 with consultation and guidance from the Board of Regents, the Education Department, and the Commissioner's Advisory Council for Vocational Rehabilitation. Six regional conferences were held to discuss major issues facing the vocational rehabilitation program and to make recommendations for the Plan. Each subsequent year, OVR accomplishments under the three-year Comprehensive Plan were analyzed and reported, and each upcoming year's activities were modified based on past experience.

Late in 1986, OVR began planning a strategy to gain public input on the next Comprehensive Plan and to meet the new planning requirements included in the 1986 Rehabilitation Act Amendments. During the Spring of 1987, OVR organized four Regional Planning Forums. To facilitate public comment, OVR produced a discussion paper entitled "OVR-Directions for the Future," which focused on OVR's ongoing services and new initiatives in supported employment, transition from school to work, and assessment of the needs of severely disabled individuals. The discussion paper was reviewed by the Board of Regents and Commissioner's Advisory Council before being issued.

The Office of Vocational Rehabilitation invited educators, rehabilitation facility personnel, advocacy group members, staff from other State and local agencies, legislative staff, medical rehabilitators, employers, and other interested parties to attend the Forums and to present their reactions to the discussion paper. Ninety-five persons and agencies submitted testimony, while nearly 400 other people attended the Forums to listen to comments and recommendations to improve services.

All OVR professional staff were also given an opportunity to review and comment on the discussion paper. The Discussion of Issues, Plans for Action and Commitment to the Future sections of this Comprehensive Plan are based on comments received from consumers, providers and professionals during the Spring 1987 Forums, from OVR staff, from the Commissioner's Advisory Council for Vocational Rehabilitation and from the Board of Regents during the fall of 1987.

Implementation of the Plans for Action will immediately become an integral part of OVR operations. Each method and outcome will be assigned to an appropriate OVR organizational unit. Each year's accomplishments will be reported and will become the basis for changes to next years' activities. The Plan was also designed to direct the Office of Vocational Rehabilitation's future response to legislative and budgetary requests. The commitment and cooperation of the rehabilitation community will be essential for OVR to meet the goals outlined in the Plan. OVR will continue Regional Planning Forums each spring to solicit new ideas and comments about the effectiveness of the Plan and to report on accomplishments.

## C. Design of the Plan

The Comprehensive Plan for the Office of Vocational Rehabilitation presents strategies for responding to the training and employment needs of persons with disabilities in New York State. The plan will guide State Education Department and Office of Vocational Rehabilitation staff, working with consumers, service providers, advocates, legislators educators and other agencies, in providing and coordinating rehabilitation programs through 1991. This timeframe is compatible with the authorized life of the current Rehabilitation Act Amendments.

**Program Background** (Section II) of the Plan describes the foundations of the vocational rehabilitation program, including the history, mission, eligibility criteria and individualized service process. The relationship of OVR to the Federal program, service providers and other agencies is also explored.

**Discussion of Issues** (Section III) describes some short and long range trends and issues that affect all OVR operations. These issues consistently underlay all topics discussed at the Regional Planning Forums.

**Plans for Action** (Section IV) presents strategies for providing rehabilitation services based on the recommendations received at the Regional Planning Forums. The goals reflect the issues discussed in Section III.

**Commitment to the Future** (Section V) is a statement of OVR's ongoing commitment to its leadership role in preparing disabled individuals for employment and advocating for the appropriate consideration of the contributions and needs of disabled persons in all state and national programs.

# II. PROGRAM BACKGROUND

## A. Program History

### 1. Federal Legislative Development

Publicly funded vocational rehabilitation originated after World War I with the Soldier Rehabilitation Act of 1918 (Public Law 65-178), but vocational rehabilitation services for civilian disabled workers were not authorized until the Rehabilitation Act of 1920 (Public Law 236), commonly known as the Smith-Fess Act. Services included job training, counseling, prosthetics and job placement. Individuals were trained around their disability because the law did not include medical rehabilitation services to reduce or eliminate the limitations imposed by disabilities.

In the period between the two World Wars, the vocational rehabilitation program was characterized by limited funding authorized by temporary legislation and focused on returning physically disabled individuals to jobs. The 1935 Social Security Act, however, gave rehabilitation a permanent legislative base. More changes occurred in 1943 with passage of the Barden-Lafollette Act. This legislation made mentally retarded and emotionally disturbed individuals eligible for service, included physical restoration as a service and expanded the program's financial base.

Public Law 83-565, enacted in 1954, provided greater federal financial support to states' basic programs, grants for research and demonstration projects and funds for training. The 1965 Rehabilitation Act expanded programs for client services, provided federal funds for program planning, equipment, and staffing for rehabilitation facilities and workshops and more financing for projects and research. During the 1960s, there was an emphasis on serving the mentally retarded and mentally ill, a critical factor in promoting the 1970s concept of deinstitutionalization for these populations. As part of the "war on poverty," rehabilitation programs also emphasized services for economically disadvantaged disabled persons.

The foundation of modern rehabilitation is the Rehabilitation Act of 1973 (Public Law 93-112) and its subsequent amendments. This law extended the basic grant program and emphasized targeted services to severely handicapped people. The idea of an Individualized Written Rehabilitation Program (IWRP) became reality, and there was a new focus on consumer involvement and on nondiscrimination in hiring persons with disabilities. In 1978, Rehabilitation Act Amendments broadened the scope of rehabilitation to include independent living. This new program was designed to meet the needs of individuals whose disabilities were so severe that they did not yet have the potential for remunerative employment but could benefit from services that would help them live and function independently.

The 1986 Amendments to the Rehabilitation Act of 1973 provide the legislative base for current rehabilitation services and direction for services to be provided over the next several years. In the past, New York State has led in providing both vocational rehabilitation and independent living services. The new amendments authorize a number of initiatives that will affect both these programs. For example, the amendments require the development of plans, policies and methods to assist in the transition from education to employment, and authorize grants to help states develop collaborative programs with public and private agencies that will lead to supported employment for persons with severe disabilities. The amendments also require a comprehensive, statewide assessment of the rehabilitation needs of individuals residing within the state, and a state response to the assessment.

### 2. State Vocational Rehabilitation Program Development

Like the federally authorized vocational rehabilitation program between 1920 and 1950, New York's program also focused on the physically disabled.

OVR began developing cooperative relationships with other State agencies in 1950, when systems were developed with the Health Department enabling individuals under the age of 21 and those who were post-polio to receive physical restoration services. In 1956 the Labor Department and the Office of Vocational Rehabilitation developed a cooperative referral system to ensure that disabled individuals trained by OVR received special New York State Employment Service placement services. In 1959, the first working agreement between the Office of Vocational Rehabilitation and the Worker's Compensation Board was established to ensure that all injured workers had the potential to benefit from public vocational rehabilitation services.

The 1960s saw an emphasis on serving the mentally ill and retarded in New York State, through cooperation with the then Department of Mental Hygiene. As a result, between 150 and 200 counselors were outstationed in psychiatric hospitals and developmental centers.

Special projects were also established in New York State to serve the economically disadvantaged as part of the national "war on poverty." OVR outstationed counselors in various manpower programs throughout New York State as a part of that program. 1965 also marked the development of special projects to serve social security beneficiaries.

In 1970, New York State became one of the first states to establish an automated data collection system based on federal statistical reporting requirements. These automation efforts have expanded over the years culminating in current plans to fully automate district offices and Central Office. Also in 1970, New York State was selected to pilot a Client Assistance Program in the Syracuse District Office. This pilot, along with the other nine pilot programs throughout the country, was the basis for current Client Assistance Programs in every state which help clients solve problems they may have when receiving rehabilitation services.

New York was the first state to recognize that a number of its vocational rehabilitation clients would be unable to be placed directly into competitive employment. Because federal regulations prohibit using federal funds for ongoing sheltered employment, the State Sheltered Employment Program for the Retarded (SEPR) was established by Chapter 1069 of the Laws of 1969. This statute encouraged nonprofit agencies to develop, improve, and expand sheltered employment facilities so that the mentally retarded could realize the positive effects of employment. In 1974, mentally ill and severely physically handicapped persons were made eligible for the program.

In response to the Willowbrook Consent Decree of 1975, OVR became involved in the state initiative to deinstitutionalize State Mental Hospitals, schools and psychiatric centers by bringing vocational rehabilitation services to institutional residents being readied for community release. OVR worked closely with the Department of Mental Hygiene to serve patients to be released. Vocational rehabilitation counseling units stationed in the institutions provided rehabilitation services as early as a client could accept service. As a result, some clients were able to be employed directly and others could enter a community vocational rehabilitation program without delay after release.

At the same time, a special OVR demonstration program provided vocational rehabilitation to disabled inmates in Department of Corrections institutions to enhance their work skills and adjustment upon release.

From 1971-1975, OVR operated a special program with the Department of Social Services to serve urban and rural welfare recipients. Special emphasis was placed on serving disabled persons who received aid to families of dependent children, home relief and work incentive aid. More than 15,000 disabled welfare recipients were placed in suitable jobs as a result. The successful practices demonstrated in this project became part of the regular vocational rehabilitation program.

Also, in the early 1970s, the federal Social Security Disability Beneficiary and Supplemental Security Income programs required disabled recipients to apply for and accept OVR services to improve their employability.

These programmatic changes resulted in a significant increase in the number of disabled persons referred to OVR and a caseload that was more severely disabled than before.

In 1977, OVR, realizing that program growth was exceeding resource growth, initiated an economic need policy for college and other training. Later that year, OVR implemented an Order of Selection which allowed OVR to serve only severely disabled clients. However, the Order of Selection policy had the reactive effect of paralyzing the referral flow of appropriate clients to OVR and the Order of Selection was discontinued. The significant program growth of the early 1970s was matched by an almost equal and opposite decline in caseloads through the late 1970s and early 1980s.

OVR responded to this unanticipated drop in clients by attracting new groups of disabled persons, particularly school-aged disabled youth. As handicapped students being served under the 1975 Education of All Handicapped Children Act became old enough to leave school, OVR was ready to help them find appropriate adult services and work in their communities. OVR has made similar program and resource accommodations for persons with learning disabilities who need vocational rehabilitation services, as well as persons with traumatic brain injury who are surviving catastrophic accidents through recent medical treatment advances.

As a result of a 1978 needs assessment, OVR determined that there was a need for special centers to fill service gaps and foster the independence of disabled persons. Using federal Title I Rehabilitation Act money, OVR began to develop independent living programs for clients with independent living as an intermediate objective in fulfillment of a vocational individualized written rehabilitation plan (IWRP). In 1979 OVR received one of ten federal grants to provide independent living services at two sites, and in 1980 the program was expanded to five additional sites in cooperation with the Commission for the Blind and Visually Handicapped. Because of center success, the State legislature provided funds to maintain existing centers and establish new ones. Since 1982 this legislation has been amended several times, resulting in the establishment of 35 centers throughout the State.

## B. Vocational Rehabilitation Foundations

### 1. Mission of Vocational Rehabilitation

The impact of disability on society can be measured by analyzing labor force participation, unemployment rate, income, and educational attainment of disabled persons. An analysis of 1980 census information by Frank Bowe, a nationally recognized analyst of data on persons with disabilities, shows that:

- the typical working-age disabled American does not

work; only one in three participates in the workplace;

- disabled people are much poorer than people without disabilities; their incomes are two and one-half times as likely to fall below the poverty level;
- persons with disabilities are much less well educated than the general population; nearly three-fourths of the nondisabled working age population have a high school education but only slightly over one-half of those with disabilities have such education.

A 1986 survey conducted for the International Center for the Disabled by Louis Harris and Associates confirms some of these findings. According to the Harris survey:

- while only 5.2% of those aged 15-24 have a disability, 58.5% of those 65 years and older are disabled;
- forty-six percent of the respondents reported that they were completely prevented from working, going to school or maintaining their homes;
- the proportion of disabled persons without a job was higher than that of any other demographic group under age 65.

The 1987 Governor's Task Force on Technologies and Disabilities Final Report states that extrapolations of Harris survey data indicate that some 2.7 million New Yorkers are disabled, based on 1986 population data. Similarly, according to the report, the Census Bureau's finding that 20.6 percent of Americans experience a functional limitation would translate into 3.7 million New Yorkers with some form of limitation. The Report also states that if current trends continue more than half of us will become disabled by the time we are senior citizens.

Within this environment, the mission of the Office of Vocational Rehabilitation is predicated on two assumptions:

First – every New Yorker has the right to an opportunity to earn a living and to share in the quality of life enjoyed by most Americans,

Second – individualized services are the best way to equalize disabled persons' opportunities for economic, occupational and cultural integration into mainstream society.

OVR's mission, then, is to provide services to persons whose disabilities impose barriers to employment so that they can become economically self-sufficient. This economic independence benefits both the individual and society. Through the receipt of vocational rehabilitation counseling and other vocational services, the individual becomes able to work in a job that matches his or her capabilities and interests. Society benefits because economically independent persons reduce their dependence on extensive social supports, contribute to the tax base and increase workforce productivity.

To carry out this mission OVR administers:

- the Independent Living Program,
- the Sheltered Employment Program, and
- the Vocational Rehabilitation Program.

*Independent Living Program*

New York State has traditionally demonstrated a strong commitment to serving persons with severe disabilities. OVR has long recognized that many severely disabled persons are not able to benefit from vocational rehabilitation services, but that these same people could benefit from services to help them live more independently in their communities. Independent living services can also help vocationally oriented clients reach their employment goals.

OVR's interest in the independent living concept was stimulated by a 1978 needs assessment and receipt of a 1979 federal grant to establish two independent living centers. Then, in 1982, OVR received State funding to maintain existing centers and establish new ones.

Since 1982, State legislation has been amended several times to increase the number of centers. Today, as mentioned earlier, there are 35 independent living centers located throughout New York State. All centers are designed as private, not-for-profit agencies, with a board of directors composed of a majority of persons with disabilities.

The centers are designed according to the following conceptual model: they are private, non-profit, non-residential, non-medical, community-centered organizations controlled by a board of directors, the majority of whom are disabled, and they exist primarily to serve persons with various severe disabilities. Centers use a peer approach to services: persons with disabilities frequently help other persons help themselves. Services include information and referral, peer counseling, equipment maintenance and repair, teletypewriter (TTY) relay, advocacy, independent living skills counseling and training, housing assistance, referral to attendants, readers, and interpreters, special transportation and other related services. The goal of independent living centers is to help persons with severe disabilities determine their own destinies while participating in, contributing to and sharing responsibility for all aspects of community life.

*Sheltered Employment Program*

To help persons with physical or mental disabilities who have not been able to qualify for competitive employment lead independent and productive lives, OVR supports a sheltered employment program.

Eligible sheltered workshops receive state funds to provide long-term support services in a controlled environment, to help vocationally disabled individuals over the

age of 17 achieve or maintain their maximum potential as workers. There are currently 116 rehabilitation facilities participating in this program.

State aid subsidy payments are provided through OVR to rehabilitation facilities to help offset the costs incurred through the Sheltered Employment Program. In mid-1985, the annual funding level was increased from $1,500 to $2,500 per eligible worker. Furthermore, the increase of $1,000 in the payment is excluded from the deficit determination formula of the Office of Mental Health, which results in sheltered workshops receiving the full benefit of the $1,000 per worker increase.

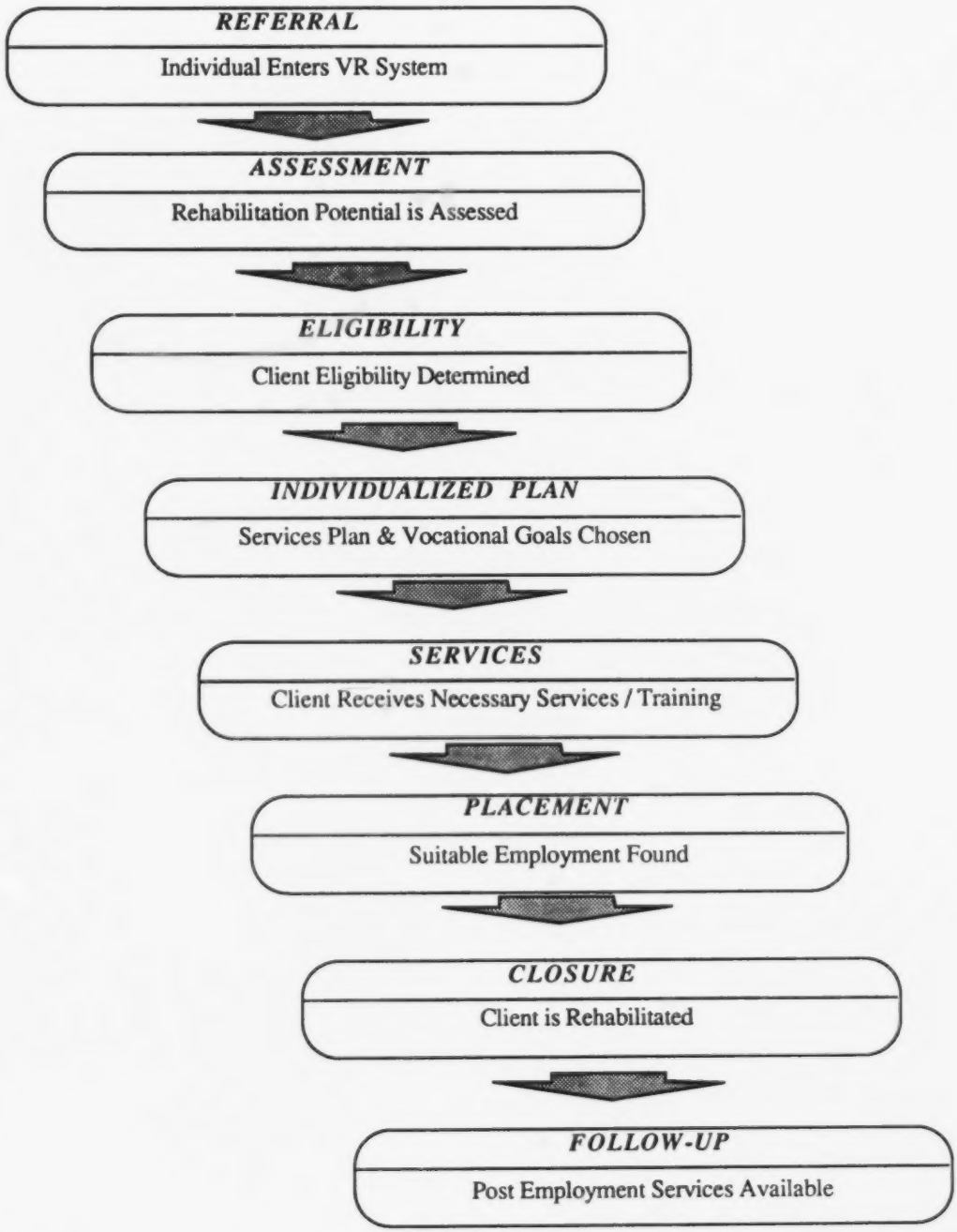
Since 1969 the sheltered worker population has increased from 760 eligible workers to about 18,000 workers.

**2. Eligibility for Services**

As defined by federal legislation, individuals who are disabled must meet certain eligibility criteria to qualify for vocational rehabilitation services.

First, the individual must have a physical or mental condition which results in a substantial handicap to employment. Second, the person must reasonably be expected to benefit in terms of employability. The mere existence of a disability is not sufficient to receive vocational rehabilitation services;the disabling condition must also seriously impede the individual's ability to work. The person must also have the potential and desire to work. Vocational rehabilitation eligibility criteria are tested against each disabled person's individual situation. This means that the same disability which prevents one individual from working may not substantially handicap another individual's ability to obtain or maintain a job. The key test is proving a direct relationship between disability and employability of an individual.

# THE VOCATIONAL REHABILITATION PROCESS



## 3. The Vocational Rehabilitation Process

*Referral*

A person can come to OVR on his or her own, or be referred by a parent, doctor, advocate, community mental health facility, the New York State Employment Service, a hospital or a social services agency. Elementary, secondary or postsecondary schools are also major referral sources of young disabled persons. A rehabilitation counselor or interviewer interviews the disabled person and his or her family at a convenient time and location. During the interview, the disabled person describes his or her current health, disability, educational background, work status and means of support. The OVR staff member describes program eligibility criteria, services available from OVR, the confidential nature of the program, and the rehabilitation process. If the disabled person decides to apply for services, assessment of rehabilitation potential begins.

*Assessment of Rehabilitation Potential*

To determine whether an individual is eligible for vocational rehabilitation services, the existence of a disabling condition must be established. All potential clients must have a current medical health appraisal. The health appraisal can be obtained from recent medical records or from a new general medical examination. In addition, each person's disability must be diagnosed by a specialty-certified physician or by a licensed psychologist as appropriate. General and specialty medical appraisals should include information about how a person's disability affects the ability to work and whether limits such as no lifting and shorter work hours are necessary. These medical and psychological appraisals usually provide the rehabilitation counselor with information needed to determine if the individual meets the first eligibility criteria.

More specific information is obtained through vocational evaluation, which includes standardized tests, work samples, interest inventories, real work tasks, and situational assessments and a review of the person's work history to assess work abilities and skills. This comprehensive evaluation determines if vocational rehabilitation services may benefit the individual in terms of employability.

A vocational evaluation may be conducted in the OVR district office, or at a rehabilitation facility, school or BOCES, or at a worksite.

All diagnostic and evaluation services are provided at no cost. Support services such as transportation to appointments or interpreters or attendants while at appointments are also provided by OVR. All information is strictly confidential; no information will be released to or obtained from other parties without the written permission of the person with a disability.

*Determination of Eligibility*

If the counselor review of assessment information indicates that the individual meets both eligibility criteria, plan development begins.

In some instances a person does have a mental or physical disability that causes an employment problem, but the rehabilitation counselor cannot determine if there is a reasonable expectation that vocational rehabilitation services will help the person achieve productive employment. In these difficult cases the counselor can place the person in extended evaluation for up to 18 months to finally determine eligibility.

In some cases, the counselor determines that, even though documentation to satisfy all eligibility requirements is incomplete, the individual will most likely be found eligible. If the individual can clearly benefit from expedited services, the counselor can make an interim determination of eligibility and provide services for 90 days while full documentation is obtained.

If the counselor determines that all assessment information does not support a decision of eligibility, the counselor must provide the disabled person with specific reasons why. The disabled person and family must be informed of their right to appeal the decision. A person may be found ineligible only if that person is too severely limited to be able to work, if there is an unfavorable medical prognosis, if the assessment reveals no disabling physical or mental condition, or if the condition is not a barrier to employment. Rehabilitation counselors attempt to help persons who are not eligible for vocational rehabilitation services find alternative resources, such as independent living centers, to meet their needs.

*Developing Service Plans*

After eligibility has been determined, the disabled person meets with the rehabilitation counselor to choose a vocational goal and to plan the methods and timeframes for reaching that goal based on information collected during assessment. An Individualized Written Rehabilitation Program (IWRP) is jointly developed by the client and counselor, and outlines:

- the basis for the eligibility determination,
- long-range rehabilitation goals,
- intermediate rehabilitation objectives,
- specific vocational rehabilitation services to be provided,
- objective criteria and schedule for measuring achievement of rehabilitation goals and objectives, and
- the rights and responsibilities of the client and OVR, including information about client input into the program, the appeal process and the Client Assistance Program.

The IWRP is reviewed by the counselor with the client at least once a year and is updated as necessary. Plan development results in a formal commitment by the OVR counselor and client to IWRP responsibilities and chosen vocational goals.

*Scope of Services*

Services that help the client reach the chosen vocational goal may include:

- evaluation of rehabilitation potential,
- counseling, guidance and referral,
- vocational and other training,
- physical and mental restoration,
- subsistence maintenance while receiving other vocational rehabilitation services,
- interpreters for deaf individuals,
- transportation to and from other vocational rehabilitation services,
- services to other family members necessary for the rehabilitation of a disabled member,
- readers,
- rehabilitation engineering, telecommunications, sensory and other technological aids and devices,
- occupational licenses, tools, equipment, etc.,
- placement in suitable employment, and
- time-limited services after placement to maintain employment.

Because of limited vocational rehabilitation resources and the large population in need, OVR must make maximum use of other available resources. According to federal and state regulations, clients are expected to seek other benefits such as student financial aid available for postsecondary training and third-party medical coverage for physical restoration to help support some services. In addition, OVR directs services to clients most in need through an economic need policy. This policy determines the extent that some clients contribute to the cost of particular services. OVR also attempts to contain service costs by contracting for services, setting durational limits for service, and negotiating fee schedules with vendors.

*Placement in Employment*

While planning for a job begins as soon as a person becomes eligible for the program and is provided with an IWRP, intensive placement activity usually occurs near the end of the client's service plan. Placement activities may be job development with employers, instruction in job-seeking skills, work site modifications for accessibility, supervisor training, follow-up contacts to ensure job suitability, and support such as interpreters or attendants during job interviews. OVR counselors try to match the job requirements of employers with the job skills of potential workers.

Placement is successful when both the employee and employer are satisfied, the worker displays good social and work skills, the occupation matches the disabled person's capacities and abilities, and the working conditions do not aggravate the worker's disability.

Disabled OVR clients are placed in a variety of work settings. The majority are rehabilitated into competitive professional, manufacturing, and service positions. Clients who start or continue their own business are considered successful self-employed rehabilitants. Other clients who may not be ready for the competitive labor market are placed in long-term sheltered employment in rehabilitation facilities. Those clients who successfully acquire skills that contribute significantly to the home are rehabilitated as homemakers.

A new vocational outcome created by the 1986 Amendments to the Rehabilitation Act is supported employment. Supported employment is an alternative outcome for severely disabled persons who would previously have been placed in long-term sheltered employment but with intensive ongoing support services can work in integrated job settings.

If a client's disabling condition changes, a new vocational rehabilitation objective can be established in a reopened case.

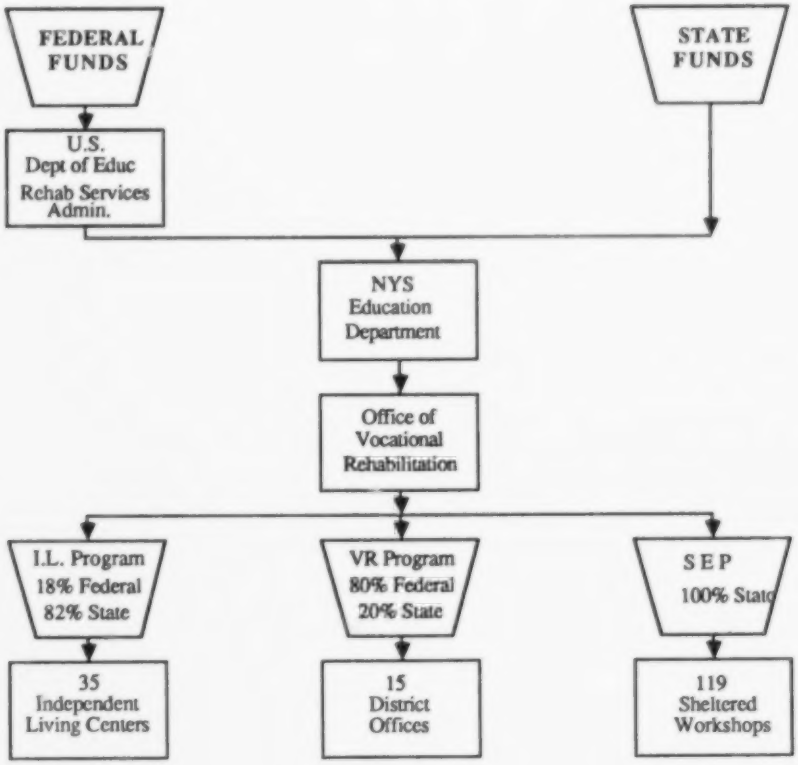
*Follow-up and Post-Employment Services*

After the disabled person is placed in a job, the OVR counselor maintains close contact with the client and employer to ensure both are satisfied with the placement, and follows up with the client for at least 60 days before the case is closed. During these 60 days, the counselor may work with a client's supervisor and co-workers, suggest further modifications to the worksite, or provide short-term transportation until a client receives the first paycheck.

Post-employment services may be provided at any time after rehabilitation to help clients maintain employment. These services must be for the purpose of maintaining the same vocational goals based on the initial determination of eligibility and must be of limited duration. If the goal or basis of eligibility change, the case should be reopened.

Additional follow-up by OVR a year after closure ensures that rehabilitated clients remain satisfied with and benefit from services they received.

# FEDERAL / STATE VR PROGRAM




- Peer Counseling
- Independent Living Skills Training
- Information and Referral
- Advocacy

- OVR Services
- Purchased Services
- Cooperative Services
- Constituency Input

- Sheltered Employment
- Remedial Education
- Counseling
- Activities of Daily Living
- Occupational / Physical Therapy

## C. Service Delivery System

### 1. The Federal/State Program

The Rehabilitation Act of 1973, as amended, specifies the purpose, scope, duration and authorization for the federal grant-in-aid vocational rehabilitation program, and details funding levels, state matching requirements, minimum program policies and administrative procedures. Federal regulations implementing the Act, which have the force of law, detail the rules of the program and define key terms.

To receive federal rehabilitation program funds, states submit a three year State Plan, a legal compact which describes the nature, scope and conditions of the State's program and assures that program administration will conform to the Rehabilitation Act and federal regulations. The State Plan is submitted by the state rehabilitation agency to the governor for review and comment prior to federal approval.

The federal Rehabilitation Services Administration (RSA), a branch of the Office of Special Education and Rehabilitative Services under the Department of Education, administers the federal vocational rehabilitation program. Ten RSA Regional Offices monitor State rehabilitation programs and provide technical assistance to assure that all State programs have certain basic purposes and features. However, state variations responsive to individual state needs, initiatives and preferences are permitted.

### 2. Organization of OVR

In New York State, the State Education Department is the sole state agency for vocational rehabilitation services to nonblind disabled persons operating through the Office of Vocational Rehabilitation, its designated state vocational rehabilitation unit. The sole state agency for persons who are legally blind is the Department of Social Services which delivers vocational rehabilitation services through the Commission for the Blind and Visually Handicapped.

Within the Education Department, OVR is one of the four major organizational units, also including the Office of Elementary, Secondary and Continuing Education, the Office of Higher and Professional Education, and the Office of Cultural Education.

OVR is headed by a Deputy Commissioner, who reports directly to the Commissioner of Education. OVR is organized into a direct service operations and support branch under an Assistant Commissioner and three management support units reporting to the Deputy Commissioner.

Direct vocational rehabilitation services are provided to clients through fifteen District Offices throughout the State. District Offices are managed by a professional manager experienced in rehabilitation who is in charge of financial and counseling operations. The Director of Counseling at each office supervises several counseling units made up of a senior vocational rehabilitation counselor, five to six vocational rehabilitation counselors and support staff. Counselors are expected to earn a master's degree before beginning OVR casework. While most counseling assignments are for the vocational rehabilitation of the wide variety of clients OVR serves, many counselors develop a special expertise in a particular disability or service. For example, specialized Rehabilitation Counselors for the Deaf are assigned to each district office. Counselors receive well planned in-service training to maintain their counseling skills and gain new skills and service techniques.

### 3. Providers of Vocational Rehabilitation Services

The vocational rehabilitation counselor is the key provider of services in the rehabilitation process. The counselor assesses a client's vocational potential, counsels and guides the client throughout the program, develops the service plan, refers the client to ancillary services, and places the client in suitable employment.

Other service providers used by counselors include:

- rehabilitation facilities,
- colleges,
- physicians and therapists,
- transportation providers, and
- personal service providers.

Rehabilitation facilities, which provide the largest volume of purchased services to OVR clients, are not-for-profit agencies that offer an array of services to physically and mentally disabled persons, including diagnostic vocational evaluation, personal and work adjustment training, specialized vocational training, job coaching, and placement. Most of these services are provided under a purchase of service contract. Facilities also provide long-term sheltered employment.

OVR can also refer clients to college when their vocational goals require that level of training. Eligible disabled college students must use all other financial aid and maintain a "C" average to receive OVR support. Other students attend business and trade schools or BOCES for vocational training. Training may be provided on the job by an employer or by a job coach under the supported work model.

Licensed and/or certified practitioners of medicine, speech and language therapy, occupational therapy, audiology, and psychology provide restoration and treatment services.

Transportation providers are selected based on availability and the functional limitations of clients. OVR will pay for public transportation, metered or zoned taxi service, private ambulette or special vehicles designed for persons with disabilities, or facility arranged transportation. OVR will also reimburse mileage for use of personal vehicles.

# THE OVR SERVICE DELIVERY SYSTEM

Meeting Client Needs Through

## The VR Counselor

Assessment of Vocational Potential

On-going Counseling and Guidance

Development of the Client's Individualized Plan (IWRP)

Referral to Appropriate Services

Placement and Job Development

Follow-up and Post Employment Services

## Purchase of Services

**Diagnostics**

-Medical
-Vocational

**Training**

-Personal Adjustment
-Vocational
-College

**Personal Services**

-Hearing / Vision Aids
-Home / Vehicle Modification
-Attendant Care
-Transportation
-Worksite Modification
-Job Coach

## Cooperative Arrangements

**Federal Agencies**

-Veterans Administration
-Workers Compensation Program

**State Agencies**

-OMRDD
-OMH
-Labor Dept.
-Health Dept
-Workers Comp Board

**Private / Non-Profit Agencies**

-Head Injury Assoc.
-Arthritis Council
-Epilepsy Assoc.

**Employers**

Likewise, OVR will pay for personal service providers such as attendants, interpreters and readers.

OVR rates of payment for services are negotiated with the provider, set at the prevailing rate charged to the general public, established in rate-setting policy or, as in the case of medical fees set by the Health Department, established by other regulating agencies.

**4. Coordinating Services**

OVR recognizes the need to cooperate with other agencies and organizations because:

- severely disabled clients require a broad range of services and no single agency can meet the totality of client needs,
- resources are scarce in most communities and available services must be used effectively,
- clients with multiple needs must be provided with quality services in an orderly fashion to reach their employment goals, and
- service gaps and duplication can be avoided.

OVR has relationships with government and private agencies and with the business community.

Within the State Education Department, OVR and the Office of Elementary, Secondary and Continuing Education are working intensively to link vocational education, special education and vocational rehabilitation services for school-aged handicapped youth using the Cooperative Service Model and other joint programs.

OVR has entered into formal cooperative arrangements with agencies that serve persons with disabilities, including the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Workers' Compensation Board, Social Security Administration, Department of Labor, and Social Services agencies. Activities have included joint participation in projects such as the Rehabilitation Facility Pilot Project, joint staff training, and designation of staff as liaison with other agencies. Also, OVR has established a close working relationship with State veterans programs and the Federal Veterans Administration to coordinate employment services for disabled veterans.

OVR also develops joint programming with business and industry. OVR works with employers to locate skilled disabled workers, support these workers when first placed on the job, and develop appropriate training programs. OVR also helps business take advantage of incentives for hiring persons with disabilities such as Targeted Job Tax Credits, and works as a partner to gain access for persons with disabilities into local economic development programs such as Job Training Partnership Act (JTPA) Programs.

New York State has a strong and vocal network of voluntary and not-for-profit organizations that serve persons with disabilities. Organizations with which OVR has cooperative arrangements include the NYS Head Injury Association, the New York Association for the Learning Disabled, and the Multiple Sclerosis Society.

OVR uses a variety of methods to foster cooperation among agencies, including:

- pilot projects to test new ways of providing services to clients,
- formal written agreements which identify referral processing, funding streams, staff training, service responsibilities, evaluation designs and monitoring,
- ad hoc relationships, and
- technical advice both within OVR about other agencies and to staff of other agencies about OVR.

Within OVR, the Bureau of Interagency Programs centrally develops and negotiates cooperative relationships with other service agencies. This Bureau also provides advice to OVR field operations on how to sustain cooperative arrangements and works with cooperating agencies to ensure mutual satisfaction.

**5. Views of Constituents**

As a matter of general policy, OVR solicits and takes into account the views of individuals who receive or provide vocational rehabilitation services, and those who are interested in vocational rehabilitation services, using the following methods:

a) Individual Client Input in the development and review of a client's IWRP. The client is encouraged to provide comments on services or any other program aspect.

b) The Commissioner's Advisory Council for Vocational Rehabilitation, which consists of approximately 30 members representing service providers, employers, advocates, consumers, educators and other persons who serve individuals with disabilities. The Council's objectives are: 1) to advise the Commissioner about developing, evaluating, and modifying policies and programs to meet the needs of disabled persons; 2) to help identify community resources for employment and training for the disabled; 3) to serve as a communication link between the community and the OVR programs; and 4) to serve as a vehicle to mobilize community support for OVR programs and services.

c) Regional Planning Forums, to be held each year in the spring throughout the state to give interested parties an opportunity to voice their opinions about the vocational rehabilitation program.

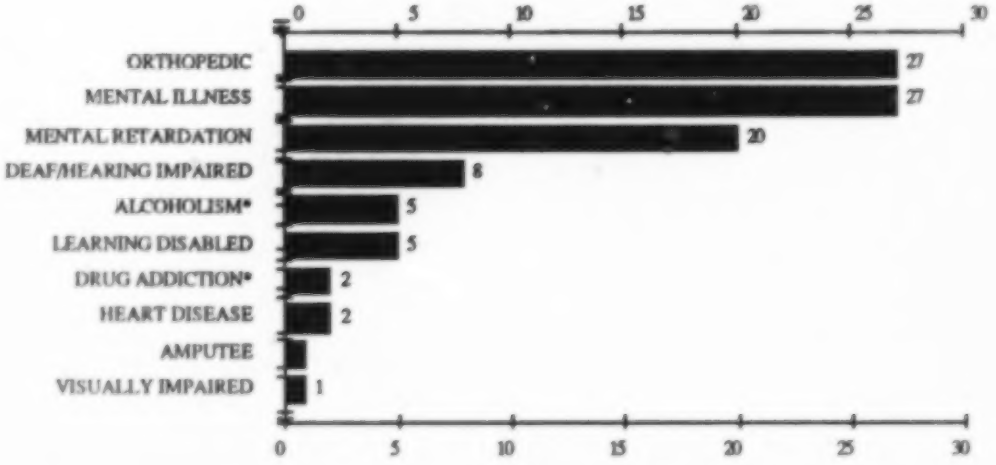
d) The Client Assistance Program, which works with OVR to help obviate individual client dissatisfaction

with decisions made by an OVR staff member and to bring about changes to improve service.

e) Review by the State Advocate for the Disabled of all major regulatory, policy or State Plan amendments prior to their final approval by the Board of Regents.

f) Organizational Membership by a large number of OVR staff, from the Deputy Commissioner to the counselor level in professional organizations, planning groups, interagency task forces, etc. Feedback from these groups about vocational rehabilitation services is considered in planning specific services.

# DISABILITIES OF ACTIVE VR CLIENTS




**STATE FISCAL YEAR 1986/87**

* FIGURES FOR ALCOHOLISM AND DRUG ADDICTION DISABILITIES ARE INCLUDED IN THE MENTAL ILLNESS CATEGORY

## D. Program Status, State Fiscal Year April 1, 1986 – March 31, 1987

During 1986/1987, the Office of Vocational Rehabilitation served over 73,000 persons. There were 31,387 disabled persons newly referred to OVR for services. Referrals came from a variety of sources. Physicians, former clients and self-referrals were the most frequent source of referrals of OVR applicants (32% of referrals). The education system, especially elementary/secondary schools and special schools for the handicapped accounted for 25% of referrals. Health organizations (12%) and hospitals (11%), referred cases to OVR when they recognized vocational potential for their disabled clients. Public organizations and agencies also accounted for 13% of referrals to the OVR program.

During this same period, OVR counselors considered nearly 45,000 disabled persons for eligibility. Of these individuals, 34% were determined to be eligible for service, 26% were determined ineligible and their cases closed, and the remaining 40% continued in diagnostic and evaluation status to determine eligibility.

In State Fiscal Year 1987, there were 29,103 clients in the OVR active caseload. Clients in the active caseload have been certified as eligible for the VR program and are in the plan development stage or are receiving services under a plan. Other clients may be ready for employment or may have been placed into employment before completion of the rehabilitation process.

Nearly half of the active caseload clients are mentally retarded or mentally ill, followed by orthopedically impaired (27%) and hearing impaired clients (8%). Seventy percent of these clients are younger than 35 and 26% are less than twenty years old. The racial breakdown is 80% white, 19% black. Educational information (at the time of referral) shows that 19% of these clients received education beyond high school, while 27% attended ungraded special education classes.

Since the goal of each client is placement in suitable employment, the number of clients rehabilitated is the primary measure of OVR program performance. During the year, there were 9,463 rehabilitations. The rehabilitation rate, which is the percentage of rehabilitations divided by the total number of all eligible clients whose cases were closed, was 61%.

Total weekly earnings of clients who were rehabilitated increased by $1,248,850 above their weekly earnings at the time of referral. When this figure is annualized, it shows an increase of nearly 65 million dollars in earning power for clients.

Besides the benefits of rehabilitation to the individual client, societal benefits also result from the VR process. One measure of these benefits is a reduced number of disabled persons dependent on public assistance. During the year, 1,047 VR clients who were receiving public assistance at referral left the welfare rolls when placed in jobs after receiving rehabilitation services. Another 127 were receiving a reduced benefit because of earnings from a job. The total decrease in monthly public assistance payments at case closure amounted to $306,519 per month, for an annual public assistance savings of over $3.6 million dollars.

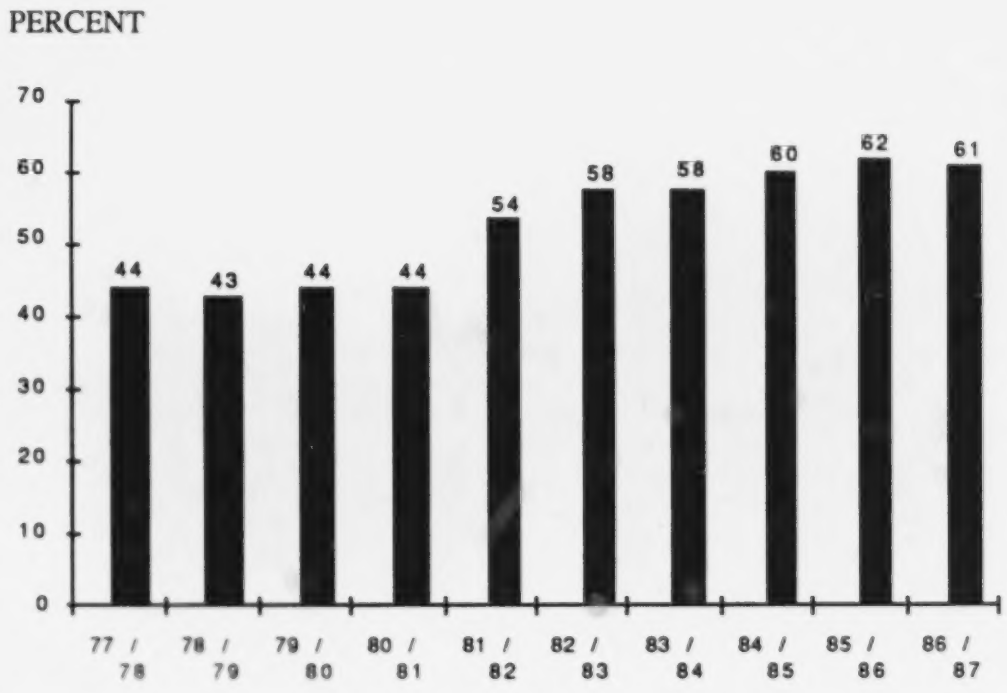
## E. Rehabilitation Trends

The descriptive program information summarized in the preceding section has been collected and analyzed for the vocational rehabilitation program for a number of years. During this time, several trends have been noted that help to describe the direction that the VR program has taken.

A number of measures show that caseload size has contracted significantly since 1980. Measures of the number of clients served (-17%), the number of referrals to the program (-29%), and the active caseload (-18%), all have shown a severe decrease during this period. Recently, however, this trend has abated. Caseload size has remained relatively constant over the past four years and has begun to show an increase. The overall decline since 1980 is attributed to a decline in the number of clients who were immediately affected by deinstitutionalization, which caused a dramatic increase in the number of clients who had been referred to and served by OVR in the 1970s. Also, in the late seventies OVR was forced by budgetary restrictions at the Federal level to institute several restrictive policy measures to limit program costs. These measures included implementing an order of selection and revising the economic need policy.

In spite of this decline in program size, measures of program success have improved between 1982/83 and 1986/87 as a result of steps implemented to ensure a continued high quality of service. An increased emphasis on interagency coordination resulted in more appropriate referrals to the VR program from other agencies. In addition, OVR established a program priority to reduce the number of unsuccessful closures. While these steps restricted caseload size, they also resulted in a 42% reduction in the number of clients closed unsuccessfully. Consequently, the significant measure of program success – rehabilitation – has remained high in spite of a decline in the number of clients served. The number of rehabilitations has increased by 5% since 1980. This improvement in program effectiveness can be illustrated by the changes in the rehabilitation rate. The rehabilitation rate is the number of rehabilitations divided by the number of all closures of eligible clients. During the period, the rehabilitation rate has steadily improved from 43.7% in 1980 to 61% in 1986. Other measures of program

# RATE OF SUCCESSFUL PLACEMENTS



success have also improved. The amount of increased weekly earnings has risen from $52,000,000 in 1980 to $65,000,000 in 1987 when annualized. The reduction in public assistance payments went from approximately $2.5 million in 1980 to $3.6 million in 1987.

The referral patterns since 1982 indicate a change in the way disabled individuals gain access to VR services, resulting from program outreach initiatives OVR has undertaken. In 1982, 12% of all referrals came through the school system. This figure has increased each year and in 1987, 25% of referrals to the VR program were made by school personnel. This increase reflects a major effort by the Education Department to improve coordination of services between OVR and the schools. Over this same period, there has been a significant drop in referrals coming from other public agencies such as the State Employment Service, the Worker's Compensation Board and Social Security. In 1982 public agencies provided 33% of all referrals. In 1987 this figure has dropped to 13%. To attract those disabled persons who might have been appropriately referred by other agencies, OVR has also mounted an extensive publicity and outreach effort. The success of these outreach initiatives can be seen by the increase in the percentage of clients that are self-referred or are referred by other private individuals such as current or former OVR clients. This percentage of referrals increased from 24% in 1982 to 32% in 1987. Although the program experienced a decline in caseload size and changes in referral patterns, the characteristics of the clients served remained virtually the same throughout the period in terms of major disability, race and education.

## F. Expenditures for Service

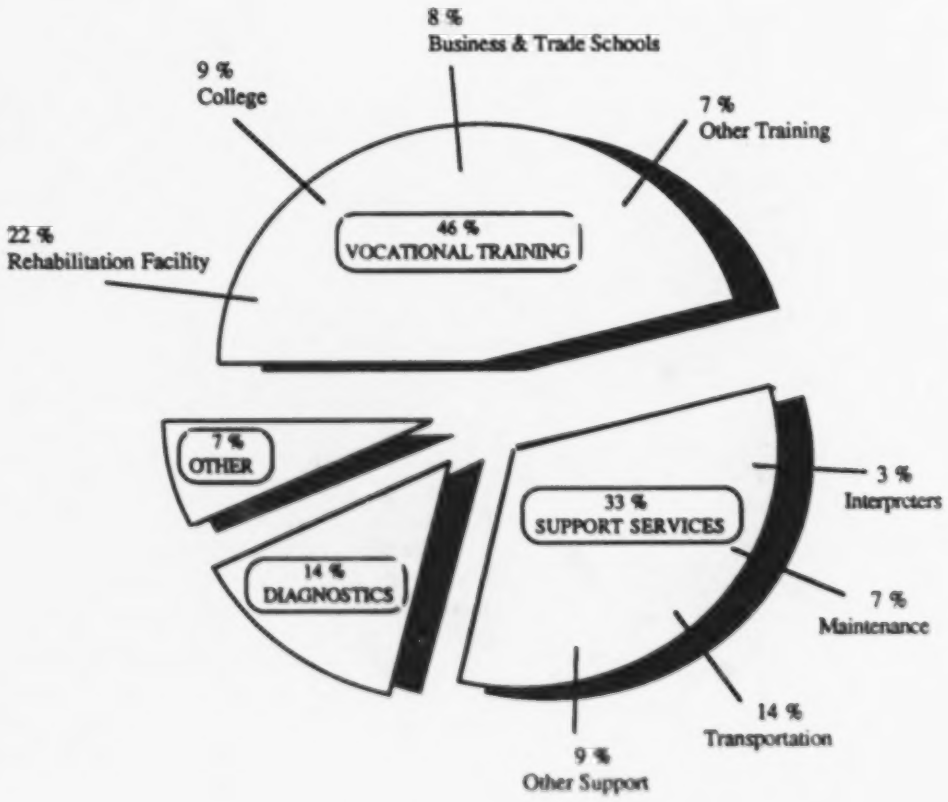
OVR purchases services from various types of vendors as needed by clients to achieve their vocational goal. During 1986/1987, vocational rehabilitation counselors purchased over 39 million dollars of services for their clients. For clients who were rehabilitated during the year, the average case service expenditure was $2,903.

Of nearly 40 million dollars in case service funds, 14% was spent on diagnostics which include medical, psychological and vocational evaluations. One-third of all service monies was spent on support services: 14% went for transportation, 7% for maintenance expenses (food, shelter or miscellaneous personal needs), 3% for interpreter services, and 9% for other support services.

However, in keeping with the primary program goal of employment, most case service funds were spent on obtaining vocational training for rehabilitation clients. In the last fiscal year, 46% of all case service monies were used to purchase training for more than 17,000 clients. Forty-two percent of these clients received training at rehabilitation facilities, 32% received college training and slightly less than 10% attended a business or trade school.

Remaining case service funds were spent on a variety of services, such as physical therapy and adaptive equipment.

# CASE SERVICES EXPENDITURES




STATE FISCAL YEAR 1986/87

# III. DISCUSSION OF ISSUES

As the end of the twentieth century approaches, many organizations and groups are speculating about what American society will be like in the year 2000. Workforce 2000, a report prepared by the Hudson Institute for the U.S. Dept. of Labor, predicts that:

- The American economy should grow at a relatively healthy pace,
- U.S. manufacturing will be a much smaller share of the economy in the year 2000 than it is today,
- The workforce will grow slowly, becoming older, more female and more disadvantaged, and
- The new jobs in service industries will demand much higher skill levels than the jobs of today.

If these predictions are to materialize, American society must show a productivity growth in the service sector of the economy, which includes both education and government. Also important will be worker retraining and lifelong education, a reform of the workplace to allow men and women to contribute to the economy while meeting the needs of their children and aged family members, and improved education. The report notes that between now and the year 2000, for the first time in history, a majority of all new jobs will require postsecondary education.

These predicted needs will profoundly affect the way the vocational rehabilitation program carries out its mission. Like the American economy, vocational rehabilitation in New York State faces a number of related issues and problems. These include sources of funding, interagency cooperation, the future role of rehabilitation and the technology explosion.

## A. Limited Resources

In the short term, the most important funding question for the New York State vocational rehabilitation program is how to obtain enough federal and State funds to support new initiatives, such as supported employment and expanded rehabilitation engineering services, while providing enough counselors to carry out current activities. Federal funds and State matching funds for the vocational rehabilitation program have remained constant at about 90 million dollars during the past few years. The question is whether funding will grow in the future, and how these funds can be used for new purposes. During the OVR Regional Forums, some presenters urged that SEP funds be used to encourage SEP program changes and to carry out supported employment initiatives. Other presenters were opposed to using limited SEP funds for other purposes. Still other presenters said that OVR should not pay for services to in-school youth that are the legitimate responsibility of local school districts.

To be able to reallocate funds and maintain enough staff, an agency must have timely and accurate knowledge of how funds are being spent. A related short-term issue is how to improve the OVR management accounting and information system to provide timely and accurate information to managers and policy makers about vocational rehabilitation costs and benefits.

Using such knowledge, OVR could determine to what extent the economic need formula, which determines how much of a persons' own finances will be contributed to rehabilitation services, should be changed. Since the economic need formula was last updated in the early 1980s, inflation, while still low, has nevertheless increased. This means that OVR clients must be increasingly poor to qualify for full OVR reimbursement of service costs.

Part B of the Plans for Action Section lists the methods OVR will use to address these issues. Part G of the Plans for Action Section describes one method of increasing emphasis on work, Supported Employment. If competitive work is emphasized, this goal must be integrated with the objectives of the expanding independent living program. Independent living program staff already work with OVR staff to answer questions about referral of clients to the appropriate program and about funding. Part D of the Plans for Action Section describes methods OVR will use to expand independent living services.

## B. Interagency Cooperation

The issue of interagency cooperation is related to funding. Since federal and State funds are limited, agencies with related missions, such as the Office of Mental Retardation and Developmental Disabilities (OMRDD) and the Office of Mental Health (OMH) will have to coordinate efforts. Presenters at the OVR Regional Forums suggested that OVR might be responsible for short-term vocational rehabilitation services and OMRDD and OMH for long-term care. OVR already cooperates with these agencies through joint efforts such as the rehabilitation facility redesign, the supported employment project and written cooperative agreements. One OVR goal is to develop in-depth knowledge and contacts to rapidly handle questions about service to persons who are clients of both agencies. Another is to jointly review policy changes and program plans

before implementation. The goal is to maximize the degree which independent agencies with different histories and constituencies can achieve practical daily cooperation.

Within SED, OVR cooperates with the Office for Education of Children with Handicapping Conditions and the Office of Occupational and Continuing Education to develop cooperative special education, occupational education and vocational rehabilitation programs at local schools and BOCES. OVR stations counselors at many high schools and BOCES and has made a special effort to work with the New York City Board of Education. Yet integration of OVR counselor information into Committee on Special Education programs for handicapped children is difficult to achieve in certain parts of the State. Part E of the Plans for Action section describes steps OVR will take to serve schoolaged youth.

Another related issue is how to cooperate most effectively with voluntary and not-for-profit agencies. The Continuing and Improving Services Part B of the Plan describes methods OVR will use to encourage agencies to develop new services and to strengthen accountability.

## C. Role of Vocational Rehabilitation

Both funding and interagency agreement issues will strongly influence the future of vocational rehabilitation. Decisions about whether to continue the emphasis on competitive employment and on what role OVR, OMRDD and OMH will play could significantly affect vocational rehabilitation program structure during the next few years. Especially significant are possible changes in the duration and intensity of services to diverse groups such as the chronically mentally ill, head injured and learning disabled. Part B of the Plans for Action Section describes planned services for one target population, persons with chronic mental illness. Part H lists methods OVR will use to assess changing needs of persons with disabilities.

## D. Expanding Technology

The technology explosion will also affect the future vocational rehabilitation program. Currently, many groups, including the Governor's Task Force on Technology and Persons with Disabilities, are examining how to sort through available devices to make the best match of technology to the person. The sorting problem is growing. ABLEDATA, a national computer-based information network, provides information about products and their availability in local areas through a network of information brokers. According to the U.S. Congress Office of Technology Assessment, information on 3,200 items was entered into the system as of November 1981. Most recent information is that over 14,000 items are described.

The explosion of technology, if successfully managed, could help many more disabled persons realize the promise of equal access to service programs and jobs. Computers, voice synthesis devices and various types of switching devices already help seriously disabled persons succeed at school and work. Part C of the Plans for Action Section describes how OVR will develop rehabilitation engineering and technology.

A related issue, identified by the Workforce 2000 report, is improving education and government productivity. To improve both productivity and service to clients, New York State OVR has been piloting an office automation program since 1985 in Utica and the Southern Tier. All staff within these offices use computer workstations to communicate with other stations and with a mainframe in Albany. This system has been used for different tasks including access to financial and program information, automatic voucher production, electronic mail and word processing. Long-range plans are to expand this system to all OVR District Offices. These improvements will give counselors more time to work directly with clients. Part H of the Plans for Action Section describes how OVR will strengthen counselor/client relationships.

Just as the American economy needs to accommodate changes in American social patterns, the vocational rehabilitation program must accommodate changing needs of persons with disabilities. New York's vocational rehabilitation program will address the issues of short and long range funding, interagency cooperation and technological change described above to meet the challenges of the 1990s.

# IV. Plans for Action

This section presents goals and strategies to provide and improve vocational rehabilitation services based on the 1986 Amendments to the Rehabilitation Act, and on comments from consumers and providers during OVR's Spring 1987 Regional Planning Forums. For each goal, a number of methods to accomplish that goal and the expected outcomes of the action, are listed. The key action items are:

A. Assessing Needs of Persons with Disabilities
B. Continuing and Improving Services
C. Serving Persons with Chronic Mental Illness
D. Expanding Independent Living Services
E. Serving School-Aged Disabled Youth
F. Developing Rehabilitation Engineering and Technology
G. Developing Supported Employment Initiatives
H. Enhancing Counselor/Client Relationships

These action items reflect the short-and long-term issues that confront OVR. The Plan sets realistic but challenging target dates which identify the state fiscal year (ending March 31) in which the outcome is expected to be achieved. Each year, OVR will report on its achievements in meeting these targets. As a result of its performance, changing client needs and new program initiatives, OVR may modify some targets during the four year Plan cycle.

OVR's ability to reach these goals is strongly contingent on the appropriation of adequate resources for both counselor and purchased services. State and federal funding levels will especially influence OVR's ability to enhance the counselor to client ratio, adjust fees for purchased services, set equitable economic need thresholds and define service models for supported employment, the chronically mentally-ill and the head injured. If resources permit this Plan to be fully implemented, OVR program performance will continue these successful trends of recent years:

- the OVR Management Information System and needs assessment process will provide more accurate information about the numbers of students in school and the numbers of special populations, such as head injured and learning disabled persons, needing service.
- School referrals will constitute at least 25% of all referrals to OVR.
- The rehabilitation rate will average 60% per year.
- At least 9,000 disabled persons will be rehabilitated each year.
- Public assistance payments to competitively placed clients will decrease at least $3,000,000 per year.
- For rehabilitated clients, the total increase in annual earnings at closure over annual earnings at referral will be at least $63,000,000 per year.

## A. Assessing Needs of Persons With Disabilities

GOAL: IN ORDER TO ALLOCATE LIMITED RESOURCES MOST EFFICIENTLY AND EFFECTIVELY, THE REHABILITATION NEEDS OF PERSONS WITH DISABILITIES IN NEW YORK STATE WILL BE ASSESSED.

1. **Method:** Conduct annual public meetings throughout the state as required by the 1986 Amendments to the Rehabilitation Act.

   Expected Outcomes:

   a. Each year, in the spring, interested groups and organizations will have an opportunity to provide input into the annual development of the VR and Supported Employment State Plans.

2. **Method:** Evaluate performance of overall VR program and special initiatives such as Supported Employment and Independent Living.

   Expected Outcomes:

   a. Year-end analyses of caseload statistics will be prepared from the OVR MIS and rehabilitation trends will be compared with other years.

   b. Service policy decisions and plans will be made on the basis of the past year's performance and projected program trends.

3. **Method:** Organize public meetings concerning critical issues and specific themes such as traumatic brain injury, rehabilitation engineering, deafness, etc.

   Expected Outcomes:

   a. Each year OVR will sponsor at least one state-

wide conference on a chosen topic of critical importance. Participants will include providers, consumers and other agencies who have an interest in the topic. National and State experts in the topic will be invited to share their knowledge.

4. **Method:** Design and conduct research on topics to improve delivery of services to persons with disabilities.

Expected Outcomes:

a. Each year, OVR will either conduct or sponsor a research project in an area of need and will use the results of the study to measure outcomes and make programmatic decisions.

## B. Continuing and Improving Services

GOAL: INDIVIDUALS WITH DISABILITIES WILL RECEIVE TIMELY AND QUALITY VOCATIONAL REHABILITATION SERVICES SO THAT THEY MAY ACHIEVE AND MAINTAIN GAINFUL EMPLOYMENT.

1. **Method:** Streamline OVR's economic need policies for consistent statewide application.

Expected Outcomes:

a. By 1989, economic need policies will be consolidated into a new manual section.

b. By 1989, a revised economic need formula will be established, fiscal affect analyzed and necessary budget, regulatory and policy changes initiated.

c. By 1990, the revised economic need policy will be implemented.

2. **Method:** Strengthen systems of programmatic and financial accountability.

Expected Outcomes:

a. By 1989, design a performance-based budgeting and accounting system for Central Office and District Offices.

b. By 1989, test the system in selected District Offices.

c. By 1990, implement the system.

d. By 1991, monitor and evaluate the budget system using audits, program and expenditure reports, etc.

3. **Method:** Establish policy, service fees, and contracts for services needed to meet the needs of both persons currently served by OVR and newly identified populations, such as persons with head injuries.

Expected Outcomes:

a. By 1988, policies concerning persons with traumatic brain injuries, neuropsychology and cognitive retraining will be developed.

b. By 1988, a method of payment for these services will be established that includes appropriate cost identification standards, contracting process, and rate-setting principles.

c. Each year, policy and service directions will be reviewed, taking into consideration information received from public meetings, clients, other state agencies and private organizations, evaluations of state and federal mandates and analysis done by professional staff.

4. **Method:** Expand the use of automation techniques in administrative and case-processing activities of OVR.

Expected Outcomes:

a. By 1988, the computerized Textrieve system of transmitting policy and program rates directly to staff will be functioning effectively and include business and trade school rates.

b. By 1989, a plan to maximize the effectiveness of district office automation to meet the informational needs of the agency will be established and implemented.

c. By 1991, all District Offices will be automated for case-processing techniques.

5. **Method:** Continue to develop marketing strategies that address targeted audiences involved in employment and independent living of people with disabilities.

Expected Outcomes:

a. Beginning in 1987, annually develop regional

job fairs targeted for priority economic development zones that result in local business and industry pledging jobs to be filled by people with disabilities.

b. Beginning in 1987 target specific industries experiencing a crisis in applicant flow and a reduction in qualified workers for participation in statewide conferences providing information on 1) recruiting, hiring, and employing people with disabilities and 2) incentives for working with OVR, local Projects with Industry and rehabilitation programs.

c. By 1988, compile joint resource and information documents with the New York State Association of Learning Disabled, the New York Head Injury Association, organizations that serve veterans and other appropriate organizations.

d. Conduct a comprehensive media and print advertising campaign aimed at both employers and the general public to promote the availability of vocational rehabilitation services.

e. Produce an Annual Report that highlights the accomplishments of the agency.

6. **Method:** Review the availability of support services such as transportation and attendant care and develop systems of service for vocational rehabilitation programming and for the world of work.

Expected Outcomes:

a. By 1989, conduct a study to determine the use of support services in the delivery of vocational rehabilitation services.

b. By 1990, implement the findings of the study including policy and practice changes, budget and legislative implications.

7. **Method:** Identify and seek support for successful private and voluntary programs.

Expected Outcome:

a. By 1988, establish a process for identifying successful, innovative private and voluntary programs.

b. By 1989, determine the extent to which these programs might benefit from a targeted incentive grant program, and develop a legislative proposal for such a program.

8. Method: Continue to participate in Federal and State economic development and job training programs.

Expected Outcomes:

a. In 1988, OVR New York City District Offices will continue to work with the New York City Department of Employment to promote training for persons with disabilities in JTPA programs.

b. By 1988, OVR will establish contact with the new Department of Economic Development to discuss ways of ensuring access by disabled persons to State economic development programs.

c. Each year OVR staff will continue to work with local JTPA Service Delivery Areas throughout the State and with the State Advocate for the Disabled to ensure access of persons with disabilities to JTPA training programs. OVR will also continue to provide input to State Job Training Partnership Council biennial plans and SED on the use of the JTPA State Education Coordination Grant.

## C. Serving Persons with Chronic Mental Illness

GOAL: PERSONS WITH CHRONIC MENTAL ILLNESS WILL PARTICIPATE IN OFFICE OF VOCATIONAL REHABILITATION PROGRAMS TO THE FULLEST POSSIBLE EXTENT.

1. **Method:** In cooperation with appropriate state and private agencies, define and implement a service model for chronically mentally ill clients in vocational rehabilitation programs.

Expected Outcomes:

a. By 1988, OVR and the New York State Office of Mental Health will develop a cooperative agreement detailing the role of each agency in providing programs for the chronically mentally ill.

b. By 1989, OVR and the Office of Mental Health will convene a task force of representatives of relevant state and private service providers to establish a service model.

c. By 1990 the service model will be tested and appropriate legislation and budget changes initiated. The service model will include:

Methods to determine specific vocational goals through early and comprehensive assessment and strong cooperation between client, vocational rehabilitation counselor and mental health practitioner.

and

Identification of potential clients in day treatment and continuing programs who might benefit from vocational rehabilitation services and to establish effective service strategies to serve these clients.

d. By 1991, the service model will be finalized and established as an effective method to provide vocational rehabilitation services to the chronically mentally ill.

e. As needed, joint staff training with mental health agencies will be developed to highlight the needs of the mentally ill and the service model.

## D. Expanding Independent Living Services

GOAL: ALL PEOPLE IN NEW YORK STATE WILL HAVE ACCESS TO INDEPENDENT LIVING SERVICES.

1. **Method:** To develop a presence in every county where persons with disabilities could benefit from independent living services.

Expected Outcomes:

a. By 1991, through mobile outreach, public education, outstations or the establishment of new centers all New York State citizens will have access to needed services.

2. **Method:** Increase the awareness among all persons in New York State concerning the availability of independent living services.

Expected Outcomes:

a. By 1988, establish a statewide, ongoing media campaign to highlight independent living services.

b. By 1989, initiate conferences and workshops focusing on emerging issues of the independent living movement.

3. **Method:** Establish uniform training criteria for independent living centers' staff and Boards of Directors.

Expected Outcomes:

a. By 1988, initiate training for the staff and Boards of Directors of independent living centers concerning administration and services issues.

b. By 1989, establish a schedule and training program for new staff of the independent living centers.

4. **Method:** Strengthen the key connections between the Vocational Rehabilitation program and the Independent Living program.

Expected Outcomes:

a. By 1988, form an OVR/Independent Living work group to determine key areas and to establish a work plan to highlight changes in policy, training programs and service programs.

b. By 1989, initiate joint statewide training programs that highlight mutual services between district offices and their local independent living centers.

## E. Serving School-Aged Disabled Youth

GOAL: ALL HANDICAPPED STUDENTS AND THEIR PARENTS OR GUARDIANS WILL RECEIVE INFORMATION ABOUT THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS BEFORE LEAVING SCHOOL.

1. **Method:** Identify students who are mainstreamed or who have been classified by a Committee on Special Education and who may need vocational rehabilitation and/or independent living services.

Expected Outcomes:

a. By 1988, a plan for dissemination of OVR publications or videotapes describing OVR and independent living programs to local high schools and BOCES will have been developed by each OVR District Office.

b. Each year of the Plan, at least one FTE counselor will continue to be assigned by each OVR District Office to high schools and BOCES with concentrations of students with disabilities especially students at risk of dropping out or leaving school and becoming unemployed.

c. Counselors who work with schools will continue to obtain referrals of students from teachers, guidance counselors, vocational assessors and other school staff.

2. **Method:** Designate a person within each District Office to become an expert on the Committee on Special Education process.

Expected Outcomes:

a. By 1988, each District Office will have designated a counselor to be a specialist on the Committee on Special Education.

b. By 1989, a training program about the Committee on Special Education process aimed at appropriate OVR staff will have been designed and scheduled in cooperation with the training staff of the Office for Education of Children with Handicapping Conditions (OECHC).

c. By 1989, a training program about OVR and Independent Living aimed at Committee on Special Education members will have been developed and scheduled in cooperation with OECHC.

3. **Method:** Establish an Education Department priority to make information about vocational rehabilitation and independent living an integral part of school district education programs for disabled youth.

Expected Outcomes:

a. By 1989, a draft memorandum from the Education Commissioner encouraging local school districts to work with OVR District Offices and local independent living centers will have been sent to the Education Commissioner for his approval and dissemination.

4. **Method:** Replicate the Cooperative Service Model demonstration of cooperation between special education, occupational education and vocational rehabilitation in local school districts and BOCES.

Expected Outcomes:

a. By 1989, work with OECHC to promote legislation to provide state funds for Cooperative Service Models.

b. All disabled students at sites where a Cooperative Service Model project has been completed, and their parents or guardians, will have received information about OVR and independent living.

c. Each year of the Plan, between six and nine local sites will have participated in a Cooperative Service Model project.

5. **Method:** Review current methods of providing post-secondary programs to clients and determine effective case management and fiscal reporting techniques.

Expected Outcomes:

a. By 1988, existing policies and procedures will have been reviewed, and recommendations for change made, by a Policy Work Group.

## F. Developing Rehabilitation Engineering and Technology

GOAL: PERSONS BEING ASSESSED FOR ELIGIBILITY FOR VOCATIONAL REHABILITATION AND CLIENTS OF THE VOCATIONAL REHABILITATION PROGRAM WILL RECEIVE APPROPRIATE REHABILITATION ENGINEERING SERVICES.

1. **Method:** Provide a central office resource that can inform field staff of appropriate rehabilitation engineering technology as well as act as a specialist to help district offices with local rehabilitation needs.

Expected Outcomes:

a. By 1988, a determination of whether to employ a new full-time staff person, retrain an existing staff person or hire a consultant to provide these services will be made, and necessary administrative arrangements made.

2. **Method:** Initiate staff training to highlight technologies that are available to people with disabilities in New York State.

Expected Outcomes:

a. By 1988, 15 counselors will be identified and trained as Rehabilitation Engineering Specialists as specified in the Federal In-Service Training Grant request.

b. Each year OVR will conduct or sponsor training in rehabilitation engineering and other aspects of technology.

3. **Method:** Work with the manufacturers and users of technological equipment so that the needs of disabled people concerning equipment are considered, and establish locations where people with disabilities can become familiar with available technology.

Expected Outcomes:

a. By 1988, OVR will have begun to work with agencies designated to carry out the recommendation of the Governor's Task Force on Technology and Persons with Disabilities for State Centers for Technology and Disabilities.

4. **Method:** Network with New York State agencies, private agencies and other states on research and development of technology.

Expected Outcomes:

a. By 1989, OVR will have developed a cooperative relationship with researchers and providers such as universities, corporations, engineering societies, private agencies or individuals who have experience in providing rehabilitation engineering.

b. By 1988, other New York State agencies and states such as Massachusetts, California and Illinois will have been contacted by the central office resource person for information about their programs and approach.

c. Each year of the Plan, appropriate Central Office and district office staff will be designated to attend training such as the annual conference of the Rehabilitation Engineering Society of North America.

5. **Method:** Establish parameters of service and contractual agreements with equipment producers, so that the most appropriate technology is passed along to the consumer in a cost-effective manner.

Expected Outcomes:

a. By 1988, a team composed of the Central Office resource person and District Office Rehabilitation Engineering Specialists will have been established to pool information about use, availability and cost of equipment commonly purchased by OVR District Offices.

b. Each year, OVR will cooperate with the agencies designated by the Governor's Task Force on Technology and Disabilities to implement proposals for training and marketing aimed at manufacturers and entrepreneurs.

## G. Developing Supported Employment Initiatives

GOAL: SUPPORTED EMPLOYMENT SERVICES WILL BE AVAILABLE TO ALL PERSONS WITH SEVERE DISABILITIES, INCLUDING PERSONS WITH DEVELOPMENTAL AND LEARNING DISABILITIES, CHRONIC MENTAL ILLNESS AND PHYSICAL DISABILITIES SUCH AS TRAUMATIC BRAIN INJURY, PRELINGUAL DEAFNESS, BLINDNESS AND OTHERS.

1. **Method:** Establish a coordinated interagency system for supported employment.

Expected Outcomes:

a. Beginning in 1988 through 1991, train state agency personnel, service providers, employers, parents and advocates to develop their understanding and willingness to participate.

b. Beginning in 1988 through 1991, provide local technical assistance to providers of services to improve their capacity to deliver effective services.

c. By 1988, establish an interagency advisory council and regional advisory councils to: review and seek changes in conflicting rules and regulations; to identify problems and to recommend and seek resolutions.

d. By 1989, field test models of supported employ-

ment with various populations working with the state's network of local not-forprofit rehabilitation service providers.

e. By 1990, evaluate and disseminate information regarding the effectiveness of various models.

f. By 1991, develop, test and refine a computerized data base to monitor client progress, program activities, and track clients.

2. **Method:** Establish supported employment as an ongoing program of the Office of Vocational Rehabilitation to effectively deliver needed services to persons with severe disabilities.

Expected Outcomes:

a. Beginning in 1988, develop cooperative agreements with other state agencies to clarify complementary roles, responsibilities and cooperative use of resources on behalf of supported employment opportunities.

b. By 1991, secure long-term funding support for supported employment programs.

c. From 1988 through 1991, as a result of the above activities and other interagency initiatives, a total of 6000-8000 placements into supported employment will be secured.

## H. Enhancing Counselor/Client Relationships.

GOAL: TO ENSURE THAT OVR COUNSELORS ARE ADEQUATELY TRAINED AND RECEIVE NECESSARY SUPPORTS TO PROVIDE APPROPRIATE AND EFFECTIVE SERVICE TO CLIENTS.

1. **Method:** Continue to provide staff with training about the 1986 Amendments to the Rehabilitation Act, placement, marketing and other topics that are necessary for effective counseling.

Expected Outcomes:

a. Each year, training about rehabilitation engineering, supported employment, needs of special populations, placement, marketing and all other topics specified in the Federal In-Service Training Grant proposal and other training plans will be provided so that by 1991, each of the approximately 900 OVR staff will have participated in professional development training.

2. **Method:** Reduce the counselor to client ratio.

Expected Outcomes:

a. By 1991, all District Offices will have installed the electronic office automation systems necessary to help counselors improve caseload management.

b. During each year of the Plan, OVR management will have submitted requests to the Education Department for approval to fill a sufficient number of counselor positions within each District Office to reduce the counselor/staff ratio to a level that approaches 100 clients to each counselor.

3. **Method:** Restructure support staff responsibilities to provide more help to counselors so that counselors can have more time for direct case services.

Expected Outcomes:

a. By 1989, support staff tasks will have been reviewed in light of office automation implementation and a pilot program will have been developed to test ways in which more support can be provided to counselors.

4. **Method:** Review recruitment and screening criteria for new counselors and implement new standards as needed to improve the counselor workforce and to advance affirmative action opportunities for members of protected groups.

Expected Outcomes:

a. By 1989, a review of recruitment and screening standards for new counselors will have been made and proposals for change, if necessary, will have been submitted to the Education Department for approval.

5. **Method:** Survey counselors to determine what additional professional counseling supports they may need to help them provide vocational rehabilitation services.

Expected Outcomes:

a. By 1991, training in specific topics requested by counselors will have been provided.

b. By 1988, counselor/manager requested stress management training will be provided in at least three district offices.

6. **Method:** Develop means, such as local advisory councils or consumer surveys, to provide additional consumer input at the District Office level.

Expected Outcomes:

a. By 1988, local advisory groups of consumers, providers, local business people and others will have been established by each local District Office.

# V. COMMITMENT TO THE FUTURE

The Plans for Action in this Comprehensive Plan focus on service to persons with disabling conditions.

The Office of Vocational Rehabilitation has a proven ability to develop important client-based initiatives. For example, the independent living concepts now included in federal law were first espoused in OVR grant proposals during the 1970s. OVR has led the nation in priority service to persons with severe disabilities, as evidenced by the high percentage of severely disabled clients served and rehabilitated. The extensive New York sheltered employment program preceded supported employment as a work alternative for severely disabled clients. OVR's rate of rehabilitation was growing while the rest of the nation's vocational rehabilitation programs were contracting. The Plans for Action included in this Comprehensive Plan will continue this pioneering tradition.

OVR will also use state and national forums to advocate for the greater welfare of all persons with disabilities. Deputy Commissioner Richard M. Switzer is a national spokesperson for the needs of disabled persons, as evidenced by his many invitations to provide expert testimony at Congressional hearings on new legislation and regulations. He also serves as an active member of the Executive Board of the Council of State Administrators of Vocational Rehabilitation, which has a significant influence on national rehabilitation policy. Assistant Commissioner Betty S. Hedgeman is a Past President of the National Rehabilitation Association. In working with that organization, she helped shape some of the key components of the Rehabilitation Act Amendments of 1986.

Within New York State, OVR advocates for full access by all disabled persons to all statewide programs. The needs of disabled persons can be addressed only through combined education, health, social, transportation, recreation, and housing services. OVR plays a pivotal role in expanding the awareness of disabilities among the state agencies which administer these services. OVR influences policy decisions in related programs through active participation on interagency planning groups, development of joint legislation, Commissioner's Advisory Council activities, and conduct of joint training for staff and other providers. At the local level, District Office Managers sit on economic development planning boards to ensure the participation of disabled persons in employment and training programs.

The combined effect of OVR's leadership in serving and advocating for persons with disabilities moves the program closer to the Long Range Goals and Policy Directions stated in the 1984 Comprehensive Plan for the Office of Vocational Rehabilitation. These long-range goals call for a visionary approach to the 20-year future of rehabilitation in New York. OVR, under the guidance and direction of the Board of Regents, remains committed to the following challenges:

*Comprehensive Rehabilitation*

Beyond the need for productive work, disabled New Yorkers need independence in other life choices. Disabled individuals are valued members of society who contribute to the wealth of their community in noneconomic ways as well. Since the use of rehabilitation dollars is currently restricted by federal law to vocational rehabilitation services only, OVR recognizes the need to pursue alternative means of expanding the scope of its mission. OVR will endeavor to enact a more comprehensive program through federal and state legislation.

*Training for the Future*

Disabled workers must be prepared not only for existing jobs, but for jobs of the future. The future economic outlook bodes well for workers who possess basic foundation skills including reading, applied mathematics, and science, whose work skills can be adapted to fit emerging technology, and who have good job-seeking skills and clear career development goals. OVR remains committed to opening all employment training and preparation opportunities to persons with disabilities.

*Coordination of Services*

Shrinking resources, changing populations and expanding goals mean that coordination of resources will be even more critical in the future. OVR plays a key role in coordinating services from the executive management level through the rehabilitation counselor in the field. OVR accepts its responsibility as broker of rehabilitation services among the variety of public, private, voluntary individual and not-for-profit providers.

*Stimulus for Employment*

An individual's ability to work hinges on considerably more than attaining appropriate work skills. In addition, a disabled person must also be able to afford to work. Entry level or part-time wages are often insufficient for a disabled person to afford the specialized transportation, attendant care or interpreter to accommodate to the job. Other service supports through SSI and Medicaid may be jeopardized by employment. OVR will actively work to counteract work disincentives with a program of work stimulation. The program will include job development, incentives to employers, and legislation to continue necessary support services after a disabled person becomes employed.